

Monroe Community College's Women's Wellness Conference

Loving Yourself Means...

To help women cultivate an awareness of self, from a health and wellness perspective, by providing them with the practical skills that might assist in their development mentally, emotionally, socially and physically.



Saturday, March 18, 2006

Monroe Community College

Warshof Conference Center, R. Thomas Flynn Campus Center

1000 East Henrietta Road, Rochester

8:00 am – 3:00 pm

Presented by



Health & Physical Education Department

**Monroe Community College's
Women's Wellness Conference**

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Event Schedule

8:00 – 8:45 am Registration & Breakfast

8:50 – 9:00 am Welcome

**9:00 – 9:50 am Opening Keynote Speaker Paula J. Sheinberg,
“Domestic Violence: A Crime against Women”**

10:00 – 10:50 am Workshops Part 1

1. Living Without Regrets
2. Women's Health
3. Role Reversals in the Home and Workplace

11:00 – 11:50 am Workshops Part 2

4. Communicating Powerfully
5. Nutrition and Fitness
6. Healthy Aging

Noon – 12:50 pm Workshops Part 3

7. Successful Financial Planning
8. Success Stamina
9. Nurturing Self

1:00 – 1:50 pm Lunch and Networking

**2:00 – 2:50 pm Closing Keynote Speaker Lesli C. Myers
“Developing Leadership Strategies”**

2:50 – 3:00 pm Closing Remarks

**Workshop presenters include: Iris Banister, Tracy Archie, Sandra Fink,
Dr. Stephanie Sauvé and Dorothy Evans.**

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REGISTRATION FORM

Early Registration Deadline: March 3, 2006; Registration Fee: \$15.00

Registration Deadline: March 15, 2006; Registration Fee \$20.00

(Includes continental breakfast, lunch and workshop materials.)

PLEASE MAKE CHECKS PAYABLE TO
MONROE COMMUNITY COLLEGE

Send payments to:

Melany J. Silas ▪ Damon City Campus ▪ Health & Physical Education Department
228 East Main Street, Rochester NY 14604

Contact Information

For questions or comments, please contact:

Melany J. Silas

Health & Physical Education Department ▪ 585-262-1547 ▪ msilas@monroecc.edu

Parking available in Lot M

Please fill out this form and send along with payment.

Name _____

Address _____

City, State, Zip _____

Telephone # _____ Email _____

Please indicate the workshop numbers of your choice below (1-9):

Session #1 10:00 – 10:50 am

Choice #1 _____

Choice #2 _____

Session #2 11:00 – 11:50 am

Choice #1 _____

Choice #2 _____

Session #3 Noon – 12:50 pm

Choice #1 _____

Choice #2 _____